

Mended Hearts, Inc.  
Chapter 62 San Diego  
Membership Application

- I wish to become a member of Mended Hearts, Inc
- We wish to have a family membership with Mended Hearts, Inc
- I am not a heart patient but wish to support the work of Mended Hearts, Inc
- I am not prepared to join Mended Hearts, Inc but am enclosing a contribution of \$ \_\_\_\_\_

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Patient ? yes/no  
Spouse \_\_\_\_\_ Patient ? yes/no  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ - \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Your Birthday \_\_\_\_/\_\_\_\_ Spouse's Birthday \_\_\_\_/\_\_\_\_

**Patient Information**

Date of Latest Procedure \_\_\_\_/\_\_\_\_/\_\_\_\_  
Catheterization without follow-up surgery  
Angioplasty  
Coronary Artery Bypass Grafts (how many?) \_\_\_\_\_

Valve repair/replacement

Mitral Tricuspid Other heart maladies \_\_\_\_\_

Aortic Pulmonary No heart maladies, just interested in Cardiac Care

First year dues are \$22.00 for an individual or \$ 34.00 for a family. Please mail this application with a check for the proper amount to:

Mended Hearts, Inc  
Chapter 62  
% American Heart Association  
9404 Genesee Avenue, Suite 240  
La Jolla, CA. 92037